U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only So Recid	, , , , , , , , , , , , , , , , , , ,
READ THE INSTRUCTIONS CAREFU	LY BEFORE PREPARING THIS REPORT.
E OLINSORS	
1. File Number U - 567	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Fiore J Grassetti	Name Ironworkers Local 7
	Labor Organization File Number 033-092.
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 7
Sweet 164 Switzer Avenue	Street 195 Old Colony Avenue
City Springfield	City South Boston
State Massachusetts ZIP Code +4 01109	State Massachusetts ZIP Code + 4 02127
5. Position in labor organization. Business Agent/Industrial Ana	The state of the s
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclusion	se or minor child directly or indirectly had any of the following interests
A. Held an interset in enemed to the second	
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any increases.	erived income or other economic benefit of in represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization.      B. Name and address of Employer (including trade name, if any).  Name	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	erived income or other economic benefit of in represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	erived income or other economic benefit of in represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of Possibility of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares, under penalty of Possibility (in this report final trips and undersigned declares).	erived income or other economic benefit of in represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code+4  Signature and variation for the state of the state o	erived income or other economic benefit of in represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Name of Person Filing Fiore Grassetti		
		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines: ctively seeking to represent, or	6
Name and address of Business (Including trade name, if any).	9. Business deals with:	
Name Iron Workers District Council iMCT	The state of the s	
Trade Name, If any:	a. Labor Organizat	ion
P.O. Box, Bidg., Room No., if any P.O. Box 96	b. Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		
State Massachusetts ZIP Code + 4 02127,		
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	
Name	Tron Workers Distri	ct Council LMCT is a Taft-Hartley d Erom contributions made
Trade Name, if any:		7 and war agreements between
P.O. Box, Bidg., Room No., if any		
Street Street		- Carrier I
City	11.b. Approximate dollar value	
State ZIP Code + 4	12.a. Nature of interest held Meeting related tra-	or income received.
	12.b. Amount,	
C Paraisad from		\$1,357
<ul> <li>Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money</li> </ul>	er parts A and B above) or other thing of value.	
<ol> <li>Name and address of Employer or Labor Relations Consultant (Including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4 ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	
157.00 (1999)		

The state of the s			
Name of Person Filing Fiore	Grassatti		
			File Number U-
		Dark B. As. 42	
		Part B Continuation Page	<del></del>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Businees deals with:	-
Name Local 7 Apprentice Training Committee		
Trade Name, If any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		,
State Massachusetts : ZIP Code + 4 021274.		
10. If 9,b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Total 7 Apprentice Training Commit Hartley Trust that is funded from	
Trade Name, if any:	between Iron Workers Logal 7 4	
P.O. Box, Bldg., Room No., if any	construction employers.	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related meal.	
-		
	12.b. Amount.	27.47

Name of Person Filling Piore Grassetti			
	File Number U-		
Part B Continuation Page  B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling (2) any part of which consists of buying from, selling (2) any part of which consists of buying from a selling (3) any part of which consists of buying from a selling (4) any part of which consists of buying from a selling (5) any part of which consists of buying from a selling (6) any part of which consists of buying from a selling (1) any part of which consists of buying from a selling (2) any part of which consists of buying from a selling (3) any part of which consists of buying from a selling (4) and (5) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) and (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of buying from a selling (6) are the consists of b			
or leasing to, or otherwise dealing with the business of an employer whose employer and consists of buying from or selling or leasing directly or indirectly or labor organization is interested.	loyees your labor organization re city to, or otherwise dealing with	inal part of which con presents or is actively your labor organization	elsts of buying from, selling of seeking to represent, or on or with a trust in which
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Mass Mutual			
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1295 State Street	c. Employer		
City Springfield State Massachusetts ZIP Code + 4 17/11			
V			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g. ,	
Name Iron Workers District Council Hew Fund	Taft-Hartley Trust	Custodian	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 161 Granite Avenue			
City Dorchester			
State Massachusetts ZIP Code + 4 02124	11.b. Approximate dollar value	of such dealing.	
	12.a. Nature of interest held o	or Income received	
	Business meeting mea	15 and enterta	inment
	12.b. Amount	172	\$150

Name of Person Filing Fiore Grassetti			
		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Rreedom Capital Management	jestowa		
Trade Name, if any:	a. Labor Organiz	ation	
P.O. Box, Bidg., Room No., if any	b. Trust		
Street One Beacon Street	c. Employer		
City Boston State Massachusetts: ZIP Gode + 4 72105			
10. If 9.b. or 9.c. is checked give trust or employer's name.			
	11.a. Nature of such dealin		
Name Iron Workers District Council Rension Fund  Trade Name, if any:	Freedom Capital is that provided servi Council Pension Fun	an investment of the light of t	Management company n Workers District
P.O. Box, Bldg., Room No., if any			
Street 161 Granite Avenue			4
City Dorchester			
State Massachusetts ZIP Code + 4 02124	11.b. Approximate dollar value	of such dealing.	
	12.a. Nature of Interest held of	or income received.	
	Meeting related meal		
	12.b. Amount	3	\$65